



# Department of Health Care Services



## **1915(b) Specialty Mental Health Services Waiver**

**May 26, 2016**

**Call-In Number: 1-800-336-3316**  
**Participant Code: 1727956**



# Welcome and Introductions

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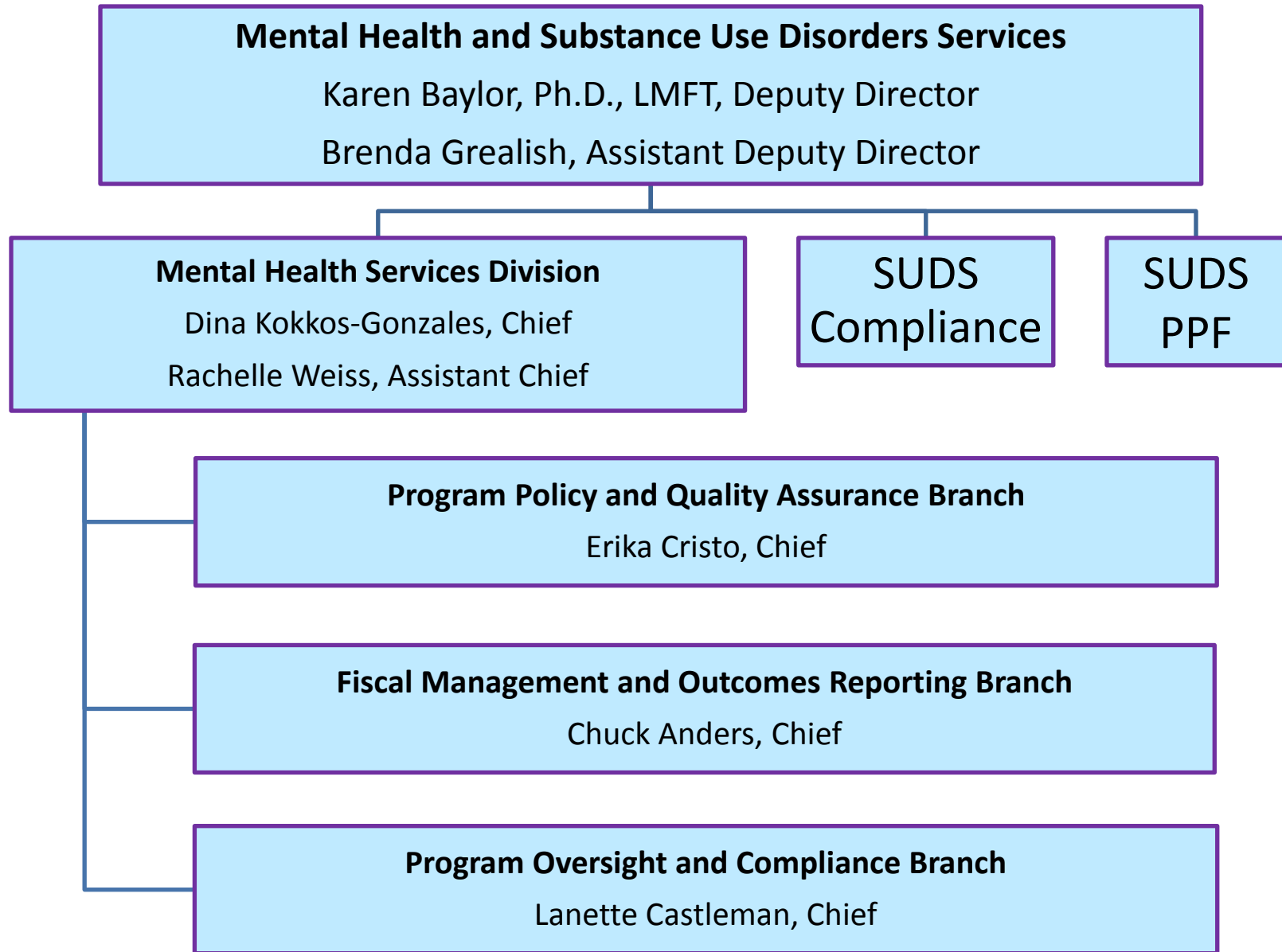
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# DHCS MHSUDS STRUCTURE





# **1915(b) Specialty Mental Health Services Waiver**

*Authorities*

*Special Terms and Conditions*

*Stakeholder Engagement*

# Section 1915(b) Freedom of Choice

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## Federal Requirements Waived:

- **Freedom of Choice:** Each beneficiary must have a choice of providers
- **Statewideness:** Benefits must be available throughout the state
- **Comparability of Services:** Services must be comparable for individuals (i.e., equal in amount, scope, duration for all beneficiaries in a covered group)



# Section 1915(b) Freedom of Choice

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## Section 1915(b) Waiver Authority:

- Allows states to implement managed care delivery systems, or otherwise limit individuals' choice of provider
- May not be used to expand eligibility to individuals not eligible under the approved Medicaid State Plan
- Cannot negatively impact beneficiary access, quality of care of services, and must be cost effective



# 1915(b) SMHS Waiver Sections (A-D)

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## **Section A: Program Description**

- Describes the delivery system, geographic areas served, populations served, access standards, quality standards, and program operations (e.g. marketing, enrollee rights, grievance system, etc.)

## **Section B: Monitoring Plan**

- Describes the monitoring activities planned for the upcoming waiver term

## **Section C: Monitoring Results**

- Describes monitoring results for the most recent waiver term

## **Section D: Cost Effectiveness**

- Projects waiver expenditures for the upcoming waiver term





# Medi-Cal State Plan

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- The official contract between the Single State Medicaid Agency (DHCS) and CMS by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding.
- Developed by DHCS and approved by CMS.
- Describes the nature and scope of Medicaid programs and gives assurances that it will be administered in accordance with the requirements of Title XIX of the Social Security Act, Code of Federal Regulations, and other applicable federal/state policies.

<http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx>



# Statutes and Regulations

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- Title 42, Code of Federal Regulations  
<http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>
- California Welfare and Institutions Code  
commencing with 14700 et seq.  
<http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=wic>
- Title 9, California Code of Regulations,  
Chapter 11, Medi-Cal Specialty Mental Health  
Services, commencing with 1810.100 et seq.  
<http://www.oal.ca.gov/CCR.htm>



# MHP Contract

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- Contract required pursuant to state and federal law.
- Delineates the MHPs and DHCS' responsibilities and requirements in the provision and administration of SMHS.
- Conforms with federal requirements for Prepaid Inpatient Health Plans (PIHPs). MHPs are considered PIHPs and must comply with federal managed care requirements (Title 42, CFR, Part 438).
- Current MHP contract term: May 1, 2013-June 30, 2018.

<http://www.dhcs.ca.gov/services/MH/Pages/POCB-MentalHealth-Overview.aspx>





# Oversight and Monitoring

# MHP Compliance Reviews

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- Triennial Reviews
  - System Reviews
  - Outpatient Chart Reviews
  - Inpatient Chart Reviews
- Focused Reviews



# Monitoring

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- Approving and Validating Plans of Correction
  - 24/7 Test Calls
  - Reviewing Quality Improvement Plans
  - Review Annual Grievance and Appeal Reports
  - County Technical Assistance
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# **External Quality Review Organization**

# EQRO

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- Required as a condition of the Waiver
    - Title 42, Code of Federal Regulations, Section 438, Subpart E
  - Validates federally required quality improvement activities
  - Analyzes and validates information related to quality, timeliness, and access to SMHS provided by MHPs and their subcontractors
  - Conducts annual site reviews
    - Beneficiary and family member focus groups
    - Line-staff focus groups
    - Data analysis and reporting
    - Information system reviews
    - Performance Improvement Project evaluation
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## **1915(b) SMHS Waiver Renewal**

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- 1915(b) SMHS Waiver stakeholder meeting was held on March 2, 2015
- Current SMHS waiver term: July 1, 2015 - June 30, 2020
- SMHS Waiver approved with Special Terms and Conditions (STCs) on June 24, 2015



# Review Findings

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DHCS Oversight and Monitoring and EQRO reports identified continued non-compliance with specific 1915(b) SMHS Waiver requirements, resulting in the need for:

- Improvement in identified areas of focus is required
- Partnership between State and Counties
- Increased monitoring and oversight to ensure compliance
- A process to enact sanctions, fines and penalties, and corrective actions as a way to ensure compliance



# Areas of Focus

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- **24/7 Toll Free Access Line**

- Pursuant to title 9, section 1810.405(c) and (d), MHPs are required to:
  - Provide a statewide, toll-free telephone number 24 hours a day, seven days per week.
  - Toll-free line must have language capability in all languages spoken by beneficiaries in the county.
  - Provide required information on how to access SMHS and provide information on problem resolution and fair hearing processes.



# Areas of Focus

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- **System in place to track timeliness of care**

The MHPs must have an organized system to track the timeliness of beneficiary access to services across the MHP. :

- Establish a baseline for timely access to care
- Establish and measure uniform statewide standards specific to access of SMHS.
- Ensure beneficiaries are receiving timely access to services. With increased focus on children and EPSDT

- **TARs adjudicated in 14 days**

Title 9, Section 1820.220 requires the MHP to approve or deny a TAR within 14 calendar days. The goal is to establish a specific metric for TAR adjudication as one of the statewide standards.



# Areas of Focus

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- **System in place to log grievances and appeals**

CCR title 9, section 1850.205(d)(1) requires that MHPs maintain a grievance and appeal log that contains the beneficiary's name, date, and nature of the problem.

- **System in place to ensure providers are certified and recertified**

CCR title 9, section 1810.435(d)(e) requires MHPs to certify and recertify Medi-Cal providers within established timeframes to ensure beneficiaries are provided with SMHS that meet program requirements and that providers are qualified to provide services.

- **Disallowance rates**

Ongoing elevated inpatient and outpatient disallowance rates resulting from chart reviews.



# Metrics Workgroup

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## Background

Convened in April 2015 in an effort to improve systems in place to track timeliness of care and system performance.

## Membership

- SME in quality improvement practices, representing large, medium and small county MHPs
- DHCS Mental Health Services Division specifically staff from Performance Outcomes Measurement Effort, County Support Teams, Program Oversight and Compliance, and Policy
- Representatives from EQRO
- CBHDA staff

## Activities

- Metrics for timeliness of care and identified processes in place for tracking the local MHP performance in the following areas:
  - Toll free Access Lines and Language Availability
  - Grievance and Appeals
  - Provider Network Certification
- Recommendation of indicators for Performance Dashboard
- Recommendation for use of PIP to improve timeliness of care





# Special Terms and Conditions

# Special Terms and Conditions

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***TRANSPARENCY***

***DATA***

***ACCESS***

***TIMELINESS***

***QUALITY***

***TRANSLATION SERVICES***

***IMPROVEMENT***

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# Special Terms and Conditions

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1. On an annual basis, the state must make readily available to beneficiaries, providers, and other interested stakeholders, a mental health plan **dashboard** that is **based on performance data of each county mental health plan** included in the annual CalEQRO technical report and/or other appropriate resources. Each county mental health plan dashboard must be posted on the state's and the county mental health plan website. Each dashboard will present an easily understandable summary of **quality, access, timeliness, and translation/interpretation capabilities** regarding the performance of each participating mental health plan. The dashboards must include the performance of subcontracted providers. The state will determine how the data on the performance of subcontracted providers will be collected and the associated timeframe. The state will update CMS on this process. Between July 1, 2015 and July 1, 2016, the state and CMS will collaborate on developing the format for the dashboard. The first dashboard is due on September 1, 2016, and may not include information on the subcontracted providers; however, that information should be included in subsequent dashboards. The state will note when a plan doesn't have subcontractors, or if a plan is unable to report on subcontractors on a particular dashboard.



# Special Terms and Conditions

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2. The state must require each county mental health plan to commit to having a **system in place for tracking and measuring timeliness of care, including wait times to assessments and wait time to providers.** The state needs to **establish a baseline** of each and all counties that **includes the number of days and an average range of time it takes to access services in their county.** If county mental health plans are **not able to provide this information** so that the state can establish a baseline, this will be accomplished through the use of a statewide performance improvement project **(PIP)** for all county mental health plans. In addition, **a PIP to measure timeliness of care will be required for those counties who are not meeting specified criteria.** The criteria will be developed collaboratively between the state and CMS. This has significant potential for improving patient care, population health, and reducing per capita Medicaid expenditures.



# Special Terms and Conditions

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3. The state will provide the **CalEQRO's quarterly and annual reports** regarding the required PIPs to CMS, and discuss these findings during monthly monitoring calls.
4. The state will **publish on its website** the county mental health plans' **Plan of Correction (POC)** as a result of the state compliance reviews. The state and county mental health plans will publish the county mental health Quality Improvement Plan. The intent is to be able to identify the county mental health plan's goals for quality improvement and compliance.
5. The state and the county mental health plans will provide to CMS the **annual grievance and appeals reports by November 1<sup>st</sup> of each year**. Since DHCS is in the process of revising the reporting form, the first report will be provided by January 31, 2016. The state will notify CMS by December 1, 2015 if it is unable to meet the January 31, 2016 deadline.
6. All information required to be published pursuant to these STCs, will be placed in a standardized and easily accessible location on the state's website.





# **Special Terms and Conditions**

***IMPLEMENTATION***

# STC Deliverables

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- Annually publish a performance **Dashboard** on the MHP website and DHCS website (STC 1)
- Require MHPs that are unable to establish a baseline for timeliness of care to conduct a **PIP** (STC 2)
- Require MHPs that are unable to meet a standard for timeliness of care conduct a **PIP** to improve performance (STC 2)
- Make available quarterly **EQRO PIP Summaries and the Annual Report** for review by CMS (STC 3)
- Publish MHP **Plan of Correction** on DHCS website (STC 4)
- Publish **QI Plans** on MHP and DHCS website (STC 4)
- Annually submit a statewide **Summary of Grievances and Appeals** to CMS (STC 5)
- Establish an accessible **Website** for all information related to the Special Terms and Conditions (STC 6)



# Performance Dashboard

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- Domains: Quality and Access
- Timeliness of Care Indicators
  - *Wait times to assessment*
  - *Wait times to providers*
- Translation and Interpretation Capabilities
- Utilization rates
- Data to include the performance of subcontractors



# Dashboard Principles

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- Quality and Access Indicators
  - Select essential indicators
  - Identify short-term, long-term, and optional indicators
  - Align where possible to managed care
  - Align where possible to POS
- Developed Operating Definitions
  - *Interpretation and Translation Capabilities*
- Incorporated Timeliness of Care PIPs



# Recommended Indicators

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- Quality Measures
  - Short-term: Inpatient to Outpatient
  - Long-term: HEDIS, Consumer Perception Survey
- Access Measures
  - Enrollment by Population
  - Demographics
  - Penetration Rates
  - *Utilization Rates*
  - *Timeliness Indicators*
  - *Interpretation Capabilities*
  - *Translation Capabilities*





# Translation and Interpretation

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## Translation

Translation services are those services that require the conversation of a written text into a written text in a second language corresponding to and equivalent in meaning to the text in the first language. (*CCPR 2015*)

Recommendation: Pending

## Interpretation

Interpreting refers to the conversation of spoken or verbal communication from one language into a second language. (*CCPR 2015, California Healthcare Interpreters Association 2002*)

Recommendation: Pending



# Dashboard: Next Steps

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- Submit recommended indicators to CMS for review
- Develop a mock dashboard. Submit to CMS for review.
- Obtain Stakeholder input on the essential performance measures and indicators and dashboard template
- Distribute required indicators and template to MHPs
- Post by **September 1, 2016**



# PIP

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- MHPs are required to establish a baseline for timeliness of care
- If an MHP can not establish a baseline they are required to conduct a PIP
- If MHPS can not meet specified criteria for timeliness of care measures, MHPs are required to conduct a PIP to improve performance among timeliness of care measures, in particular wait times to assessment and wait times to providers
- EQRO validates and reviews PIPs and summarizes findings in quarterly and annual reports.
- DHCS will provide CMS with quarterly and annual reports.



# Published Reports

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## Compliance Plan of Corrections (POC)

- Published on the STC website
- DHCS will update CMS as POC is posted

## Quality Improvement Plans (QI Plans)

- QI Plans and links to QI Plans have been submitted to DHCS
- DHCS will include the link to the QI Plan on the Website



# Summary of Grievance and Appeals

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- Submitted to CMS: **January 28, 2016**
- Annual Submission Date: **November 1<sup>st</sup>.**





# Stakeholder Engagement

**June 6, 2016 Stakeholder Meeting**

**12:30 PM – 4:30 PM**

**DHCS Auditorium**

**1500 Capitol Avenue, Sacramento Ca**

**MHSUDS Upcoming Meetings:** <http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx>

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# QUESTIONS?



***THANK YOU!***

